#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

atoresaid.		
	ACCIDENT STATEMENT	
Date Of Report	24/07/2018 09:11	
Date Of Accident	23/07/2018 16:55	
Exact Location Of Accident	PIE TOWARDS CHANGI BEF THOMPSON EXIT	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLL8108R	
Insured/Policyholder		
Name Of Registered Owner	PHEE SOO JAY LOUIS	
NRIC No	S7104703B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97968155	
Alternative Phone No	OFFICE-97968155	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A6 1.8 TFSI S-TRONIC	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100503552-01	
Cover Note Number		

**Driver** 

Name of Driver PHEE SOO JAY LOUIS

NRIC No S7104703B

Date Of Birth 05/02/1971

Occupation INDOOR

Date Of Driving Pass 11/03/1991

Driving Experience 27 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97968155

Fax Number

Contact Number OFFICE-97968155

EMail Address NOEMAIL

Address 33 JALAN LIMAU BALI

Postcode 468504

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

#### **Other Information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

I WAS DRIVING ON LANE 1 OF PIE TOWARDS CHANGI, JUST BEFORE THOMPSON EXIT. AS THERE WAS A SLIGHT JAM, I SLOWED DOWN. THE CAR BEHIND ME (SLR950X), ALSO SLOWED DOWN. TAXI (RD6164L), DID NOT SLOW DOWN. IT RAMMED INTO SLR950X, FROM BEHIND. THE IMPACT CAUSED SLR950X, TO SURGE FORWARD TO RAM INTO MY CAR (SLL8108R) FROM BEHIND.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLR950X

Vehicle Make/Model/Colour MAZDA / GREY

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver HENG KAR SIONG

NRIC/Passport Number S8139265Z
Contact Number 90930810

Address 30 SEGAR ROAD

#04-02

Postcode 677221

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number RD6164L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

TO THE STATE OF TH

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Cong Poog

NRIC/FIN NO .: G 2040197X

# Sketch Plan #2

SKETCH PLAN		
	P_ SLL8108R	
	= - SLR950X	
	- RD 6164L	
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
down. The o	car behind me (SLR9.	a slight jam. I slowed sown.
> THOMA AN	om behind. The impact of to ram into my	+ caused -SLR9 cox +
ECLARATION		
Ne declare the foregoing partic	culars are true in every respect.	SE LIO PROPERTO DE LA CONTRACTOR DE LA C
licyholder's Signature te & Time: 23 / 7/18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Tony Fong NRIC/FIN No.: 620401978































